می	Under the Pap	erwork Reduct PATENT A	lon Act of 1	995, no perso	ns ere requi	red to res	pond TIO	U.S. Pa lo a collect N REC	lent and olion of ORD	App Traded Information	onoved for mark Off Mon unle		rough 7/3 DEPART plays a va			B (12-0 651-00 IMERO number
•				Substitute for	Form P10	0-876				<u> </u>		10	loation oct	73	28	
			(Column 1)		(Column 2)			SMALL ENTITY			Υ .	OR	OTHER SMALL E		THAN .	
	BASIC FEE (37 CFR 1.16(a), (b),	α (c))	NUMBER FILED		NUMBER EXTRA		4	RATE (\$)		FEE (\$)			RATE (\$)		T	
ŀ	SEARCH FEE (37 CFR 1.16(K), (1),		1				\dashv			 					FEE (\$)	
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	TOTAL CLAIMS (37 CFR 1.16(1))		mknus 20 = mknus 3 = •		•		7		=			-				
	INDEPENDENT CI (37 CFR 1.16(N))						7	×				OR	<u> </u>	=		\dashv
1	APPLICATION SIZE FEE (37 CFR 1.16(5))	is \$2	If the specification and drawings exc sheets of paper, the application size is \$250 (\$125 for small entity) for ea additional 50 sheets or tradion there			lee due						f	X	=		1
-	35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						11	 -	\dashv	<u>-</u> -	-	-			· · ·	1
	If the difference in column 1 is less than zero, enter or in col APPLICATION AS AMENDED - PAR (Column 1) (Column					luma 3)		TOTA	٠,			· [_	TOTAL			
	(CLAIMS REMAINING AFTER AMENDMEN	-1	HIGHES NUMBE PREVIOUS PAID FO	R PRE	ESENT CTRA		SMA RATE (\$	1	ADDI-	7	OR T	SMAL SMAL RATE.(\$)		ADDI:	+
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AMENDMERIT	Application Size	Fee (37 CFR 1	Minus	3			×		=		OR	<u> </u>	2/Do=	DC	<u> </u>	1
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM . (37.CFR 1.16(ii))								+-		-					1.
						<u></u>		TAL D'L FEE	$oxed{L}$	<u> </u>	OR OR	TOT	AL L FEE	2	H	
	· ·	(Column 1) CLAIMS	1	(Column:	2) (Colum	nn 3)		· .						L£_S		
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	(3) CFR 1.16(1) Independent (3) CFR 1.16(1)		Minus		=		×	· =			OR.	×	=	FEE	14)	
	Application Size Fe	e (37 CFR 1.1	6(s))		J	<u> </u>	×	· =	<u> </u>		OR:	x	=			
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CEP 4 460)											ļ				

If the entry in column 1 is less than the entry in column 2, write '0' In column 3.

"If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20'.

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by Ilie Including gatheing, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL ADD'L FEE

OR

TOTAL ADD'L FEE